

**Return this form to C.S.T.I. annually no later than December 31 to stay "Certified". Thank you for your prompt attention.**

<b>Print Name:</b>	
<b>Current Work Address:</b>	<b>Phone: (    )</b>
<b>Current Home Address:</b>	<b>Phone: (    )</b>
<b>Cell Phone: (    )</b>	<b>Email:</b>

List **Four One Hour entries** of CSTI Curriculum taught in this year in the lines below.  
Sign your name at the bottom of this box where indicated.

	Date 2008	Instructor Name (First/Last)	Class Type (FRA, FRO, Etc)	CSTI Block Title (S.I.N. Etc)
1.				
2.				
3.				
4.				
I certify that I have taught the above listed four, 1 hour C.S.T.I. Outreach Blocks:			<b>*Your Signature:</b>	

Verification can be made by **either** your Department Head or Agency Representative **or** by three students who attended your class. Complete the appropriate box below.

<b>Department Head or Agency Representative Verification</b>	
<b>Name of Dept. Head or Agency Rep</b>	<b>Signature of Dept. Head or Agency Rep</b>
<b>Address of Dept Head or Agency Rep</b>	<b>Phone Number of Dept. Head or Agency Rep</b>

**Instructional Hours verified by the following 3 Students Who Attended Your Class:**

_____ Signature from Student # 1 in Class	_____ Printed Name Student # 1 in Class	_____ Contact Phone Number
_____ Signature from Student # 2 in Class	_____ Printed Name Student # 2 in Class	_____ Contact Phone Number
_____ Signature from Student # 3 in Class	_____ Printed Name Student # 3 in Class	_____ Contact Phone Number

I request CSTI to contact me specifically by e-mail when issuing public notices of proposed regulatory changes. Initials\_\_\_\_\_

**FAX: 805/549-3555 Mail: CSTI, Outreach, P.O. Box 8123, San Luis Obispo, CA 93403-8123**